PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISS FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

122850

7590

02/08/2005

CUSTOMER NUMBER

22850

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/666,254 09/22/2003 Maiko Kondo 243022US2 9519

TITLE OF INVENTION: IMAGE FORMING METHOD AND APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300		\$1700	05/09/2005
- EXAMINER		ART UNIT		CLASS-SUBCLASS			•
TRAN, HOAN H		2852		399-277000			
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).		ee Address" (37	·	nting on the patent front page, li		1	OBLON, SPIVAK,
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents	OR, alternatively,		M	McCLELLAND, MAIER
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	BE PRINTED ON T	THE PATEN	T (print or type)			1 - 1 4
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identified bin 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If a for filing an assignmen	an assign nt.	ee is identified below,	the document has been filed for
(A) NAME OF ASSIGN	NEE	(E	B) RESIDEN	CE: (CITY and STATE	03K5506	OSTRSZEWDIE2 00000	161 10666254
Ricoh Company	y Limited		Toky		01 FC:1 02 FC:1		1400.00 OP 300.00 OP
Please check the appropria	te assignee category or catego	ories (will not be pr	inted on the p	oatent): 🗖 Individu	al 🖾 Co	orporation or other priva	ite group entity 🚨 Governmen
4a. The following fee(s) ar	e enclosed:	41	. Payment of	Fee(s):		• •	
Issue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee (No	Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
Advance Order - #	Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 15-0030 (enclose an extra copy of this form).						
	s (from status indicated above SMALL ENTITY status. See		☐ b. Appli	cant is no longer claimi	ing SMAl	LL ENTITY status. See	37 CFR 1.27(g)(2).
NOTE: The Issue Fee and	D is requested to apply the Iss Publication Fee (if required) cords of the United States Par	will not be accepte	d from anyon	ny) or to re-apply any per other than the application	previousl ant; a regi	y paid issue fee to the a stered attorney or agent	pplication identified above. ; or the assignee or other party i
Authorized Signature _	poep leafet	ta fr.		_ Da	te	MAR 2 1 2 Reg. No. 2	2005 6,803

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Joseph Scafetta, Jr.

Registration No. ___